PTO/SB/06 (07-06)

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U.S. Patent and Tradems Chice; U.S. Debarts of information unless it itembrary and its OMB center and unless the information unless it itembrary and its U.S. Patent and Tradems of information unless it itembrary a uniformation unless its unifo

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/813,980 | | | ling Date 31/2004 | To be Mailed |
|---|---|---|--|---|------------------|----|--|------------------------|----|-----------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY 🛛 | | | | HER THAN |
| ⊢ | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | OR | RATE (\$) | FEE (\$) |
| | BASIC FEE | | N/A | .ED | N/A | | N/A | ILL(0) | | N/A | TLL (0) |
| ┝ | (37 CFR 1.16(a), (b), o | or (c)) | | | | | | | ł | H | |
| 片 | (37 CFR 1.16(k), (i), of EXAMINATION FE | | N/A | | N/A | | N/A | | ļ | N/A | |
| TO | (37 CFR 1.16(o), (p), o | or (q)) | N/A | | N/A | | N/A | | | N/A | |
| (37 | CFR 1.16(i) DEPENDENT CLAIM | | minus 20 = * | | | IJ | x \$ = | | OR | x s = | |
| | CFR 1.16(h)) | | minus 3 = * | | | ı | x \$ = | | ı | x \$ = | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | ts of pape 50 (\$125 tional 50 t | gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s). | | | | | | | |
| | MULTIPLE DEPEN | IDENT CLAIM PR | ESENT (3 | 7 CFR 1.16(j)) | | IJ | | |] | | |
| * If t | the difference in colu | umn 1 is less than | r "0" in column 2. | | TOTAL | |] | TOTAL | | | |
| APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| Ā | 04/07/2008 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| AMENDMENT | Total (37 CFR 1.16(i)) | * 39 | Minus | 39 | = 0 | 1 | X \$25 = | 0 | OR | x \$ = | |
| 밁 | Independent (37 CFR 1.16(h)) | • 5 | Minus | •••5 | = 0 | 1 | X \$105 = | 0 | OR | x s = | |
| ME | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| ` | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j)) | | | | | | | | OR | | |
| | | | | | | • | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | |
| L | | (Column 1) | | (Column 2) | (Column 3) | | | | | | |
| L | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1,16(i)) | * | Minus | | = | П | x \$ = | | OR | x s = | |
| AMENDMENT | Independent (37 CFR 1.16(h)) | * | Minus | *** | : | 1 | x \$ = | | OR | x s = | |
| Z I | Application Size Fee (37 CFR 1.16(s)) | | | | | 1 | | |] | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | 1 | | | OR | | |
| Г | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |

This collection of information is equated by 37 CTR 1.10. The information is required to obtain or retain a beautiful by the public which is in 56 feat by the USPTO to moderable any individual control of the property of the CTR 1.10. This collection is estimated to state 2 remained to complete is evolved in patients; and submitting the completed application form to the USPTO. Time well very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the second to sent the this CTR information Officer. U.S. Patient and Trademark Office, U.S. Department of Commence, D.O. Box 1450, Alexandrius, VA 22131-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO C. Commissioner for Patients p. P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO C. Commissioner for Patients p. P.O. Box 1450, Alexandrius, VA 22313-1450.